

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/20/02</u>		2 Serial/Patent # <u>10/038,350</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	4	6/3/02	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7c TOTAL AMOUNT OF REFUND		\$ 130							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">1</td> </tr> </table>			5	0	--	1	3	9	1
5	0	--	1	3	9	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Petition fee is not required under these</u> <u>circumstances</u>											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C.T. Donnell</u>			TITLE: <u>Senior Petitions Att.</u>								
SIGNATURE: <u>C.T. Donnell</u>			PHONE: <u>306-5589</u>								
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>			DATE: <u>8/21/02</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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Mail or hand-carry the completed form with attachment(s) to:
Office of Finance
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Crystal Park One, Room 802B

#4



COPY OF PAPERS
ORIGINAL FILED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Xuzhi Qin Examiner: P. Tucker
Serial No. 10/038,350 Group Art Unit: 1712
Filed: November 20, 2001 Docket No. 589.117US1
Title: **PHOTOCHROMIC NAPHTHOPYRAN COMPOUNDS: COMPOSITIONS
AND ARTICLES CONTAINING THOSE NAPHTHOPYRAN COMPOUNDS**

CERTIFICATE UNDER 37 C.F.R. 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described herein, are being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, Box DAC, Washington, D.C. 20231 on 17 May 2002

Name
Mark A. Litman

Signature

**PETITION UNDER 37 C.F.R. § 1.10 FOR
REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents
Box DAC
Washington, D.C. 20231

RECEIVED

JUN 06 2002

OFFICE OF PETITIONS

Dear Sir or Madam:

Upon receipt of the Response to Request for Corrected Filing Receipt-Application Filing Date (copy enclosed), it was discovered that a copy of the Express Mail label was not enclosed nor the petition fee of \$130.00 was not addressed or enclosed with the request, therefore the request was denied.

This is a petition under 37 C.F.R. §1.10 to request a corrected Filing Receipt to correct the Application Filing Date from January 7, 2002, to **November 20, 2001**. A copy of the Express Mail Label Tracking No. EL703681749US, which shows suspension of this service to this address, and copy of the canceled Return Postcard (front and back) for documentation are attached. It is believed that this application was rerouted after Express Mail Service was suspended due to mail cleaning for Anthrax, and was unintentionally delayed. We respectfully request that a correction be made and a new filing receipt issued to ensure proper information in the United States Patent and Trademark Office.

The required fee for this petition as set forth in 37 C.F.R. §1.10, currently the amount of \$130.00, is hereby authorized to be withdrawn from Deposit Account Number

06/04/2002 AWONDAF1 00000167 501391 10038350

01 FC:122 130.00 14

Adjustment date: 06/21/2002
06/04/2002 AWONDAF1 00000167 501391
01 FC:122 130.00 CR

50-1391. Authorization is hereby given to charge any additional fees or credit any overpayments that may be deemed necessary to Deposit Account Number 50-1391.

Respectfully submitted,

XUZHI QIN

By His Representatives,

MARK A. LITMAN & ASSOCIATES, P.A.
York Business Center, Suite 205
3209 West 76th Street
Edina, Minnesota 55435
(952) 832-9090

Date:

17 May 2002

By:


Mark A. Litman

Reg. No. 26,390